

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fee		

Sent To **William D Reynolds**
Street, Apt. No.,
or PO Box No. **7013 State Route 221**
City, State, ZIP+4 **Georgetown, OH 45121**

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0008 6348 5116
RTS 94E9 9000 0T52 T002